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Case 1:04-cv-00063-SJM-SPB Document 88-4 Filed 05/23/2008 Page 2 of 47

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P.002/003

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Medical Record STANDARD FORM 600 (EEV. 6-97)



Modern Tool Square Building, Suite 206 333 State Street, Erie, PA 16507 814-459-1013

Brian E. Dalton, M.D.

Diplomat of the

American Board

of Neurological Surgeons

Steven A. Gilman, M.D.

Diplomat of the

American Board

of Neurological Surgeons

Daniel V. Loesch, M.D.

Diplomat of the
American Board
of Neurological Surgeons

Isam A. Khoja, M.D.

Board Eligible

American Board

of Neurological Surgeons

March 27, 2003

Herbert P. Beam, Jr., MD FCI McKean P.O. Box 6000 Bradford, PA 16701

SENSITIVE \*\*
Limited Official Use

RE: TIMOTHY COOLEEN

Dear Dr. Beam:

I had the pleasure of meeting Mr. Cooleen today for the first time. He is a very pleasant 41-year-old gentleman who has a history, as you know, of a herniated disc in the past at L5-S1. That was several yeas ago and he had surgery for that and did well. He was in his usual state of health until around March of last year when he had the sudden onset again of pain in his back which started radiating down his left leg. By the summer time, he was completely miserable with this pain. He describes a very typical L5 radiculopathy in the left leg. Things have calmed down to some degree and he's learned to kind of live with the pain but he has constant numbness and tiegling down the leg and pain which goes down the leg. If he coughs or sneezes, he gets terrible pain. He can't sit for very long. He's basically pretty miserable with it. He's had no bowel orbladder dysfunction. Because of his situation that he's in, obviously he's not had much conservative therapy but he has had a lot of time. Things are just not getting better for him.

His past medical history is unremarkable otherwise. He has some mild hypertension for which he takes Atenolol and Hydrochlorothiazide. He's had a prior disc surgery.

His allergies include Sulfa medications.

He did fill out a comprehensive review of systems today and it's otherwise negative.

PHYSICAL EXAMINATION: He is a well-developed well-nourished white male in me acute distress. He's 6' and 188 lbs. Vital signs are stable. Pulse is 72. Respiration 16. Bloodgressure 120/60. Chest is clear to auscultation and percussion. Heart is in normal sinus rhythm without murmurs, rubs, or gallops. Abdomen is soft and nontender with no hepatosplenomegaly. Extremities are without clubbing, cyanosis, or edema. He has good carotid pulses and me bruits. Distal pulses are intact. Fundi are benign.

Neurologically, he is awake, alert and oriented times three. Cranial nerves are intact II though XII. Motor examination shows 5/5 strength in all muscle groups of the arms and legs. He has decreased sensation to pinprick in the L5 distribution of the left leg. He has a positive street leg raise sign at about 20 degrees. He has no Patrick signs. His reflexes are symmetric three.

BEAM, NO





March 27, 2003 Page 2

RE: TIMOTHY COOLEEN

with the exception of a decreased ankle reflex on the right. His gait and station is normal. His cerebellar examination is negative.

He did have an MRI scan done recently which did show a large disc herniation at the L4-5 level. I do not have those films here to review today. That study was done back in August of 2002.

IMPRESSION: Left L5 radiculopathy on the basis of a herniated disc.

At this point, he has all the signs and symptoms of a herniated disc and an L5 radiculopathy, so I believe that the study is probably accurate. In any case, the study is 8 months old and if he wants to consider surgery. I think we need to get a new study. We need new information I if like to bring him back and have a new MRI scan done of his back just to confirm that that is what's going on and that things haven't changed. I'd also like to offer him surgery to remove the herniated disc. We discussed the surgery which would include a hemilamine comy for removal of the hemiated disc. We talked about the risks and benefits of the procedure. I think that given his situation, the best way to do this would be to bring him down for the MRI scan and admit him after that and just go ahead and do the surgery the next day. He's okay with that. We'll try to get things cleared with the institution and get the ball rolling for that. If there's any reason why we can't do it, please let me know. Thank you very much.

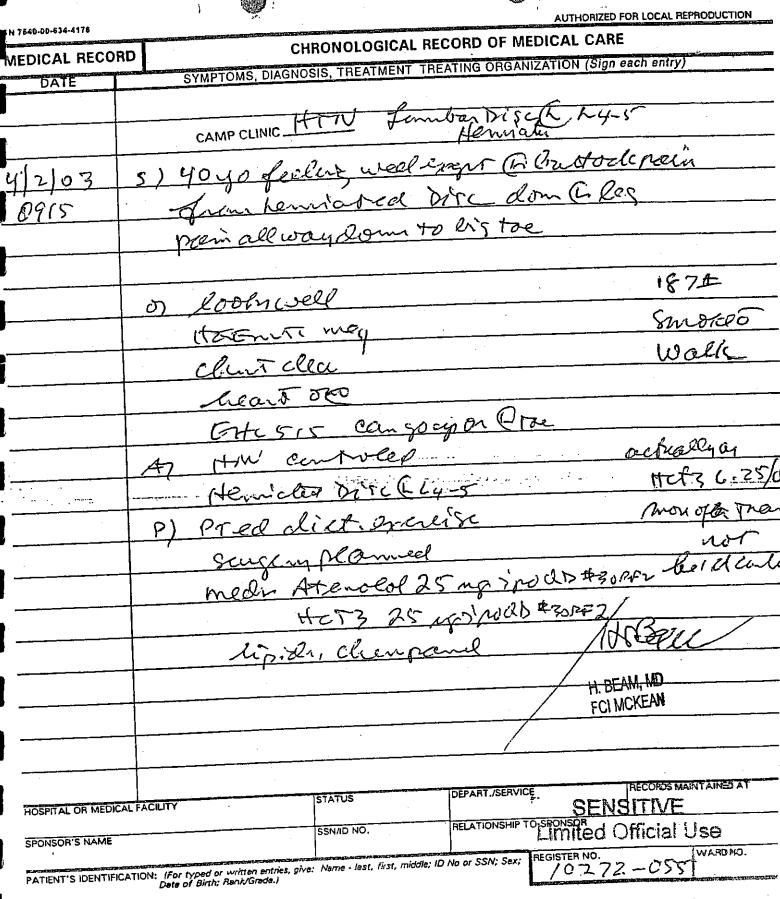
Sincerely,

SV

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Steven A. Gilman, M.D. SAG:dtf

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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

CTANDARD FORM 600 (REV. 8-97)

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P.003/003

EC-14-2004	14:57 FRUM:		
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Date of Review by Committee:	
Inmate Name: Twothy C	ooleen
Inmate Reg. No.: 10272-055	
Medical Condition: Newbrung (	2) L4-5. Disc
hamiation	
Recommended Treatment: Rece	lecele visit
Recommended Facility: 12	
APPROVED	DENIED
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	Diage Caldwell Health Services Program Assistant
4/18/07	Roberta Fitch
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U. S. MET AL CENTER FOR FEDERAL PRIST RS Lagoratory, 1900 W. SUNSHINE SPRINGFIELD, MISSOURI 65808 (417) 862-7041, EXT. 454

FINAL REPORT A'ġe Register Number: 10272-055 : Ĥ Sex : COOLEEN, TIMOTHY Accession Number: 4108 Location : FCI MCKEAN (MCK)
Physician : BEAM, MD "X" if Complete: Collection Date: 04/24/2003 Collection Time: 06:30 Tests | LIPID TESTING; COMP. METABOLIC Ordered! Reference Range Result 13 Collection Cmt. LIPID TESTING COMP: METABOLIC Glucose Urea Nitrogen Fasting 20 1. 1 Creatinine 143 Sodiumi mmo1/L 3, 7 Potassium mmo 1/L Chloridei 105 mg/dL 9.1 Calcium1 6.0 7.4 g#åL Total Protein 3.6 g/dL 4.0 Albumin 41 U/L 105 Alkaline Phos. 31 U/L AST (SGOT) 0.20 ma/dL 0. 20 Total Bilirubini SY RY 140 mg/dL 171 Cholesterol 200 SY RY 30 mg/dL 177 Triglycerides υλĹ SY RY 68 11 39 ALT1 (SGPT) SY. RY 29 mg/dL 3 B HDL-Cholesterol1 Other Factors critical to assessment of CHD risk - Overweight, Blood Pressure, Smoking and Familial History. TX RY mg/dL VLDL TX RY 62

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...: .COOLEEN, TIMOTHY

Register#: 10272-055

LDL Cholesterol

Chol/HDL Ratio

Printed : 04/28/2003 @ 09:36

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-- End of Laboratory Report --

Doctor : BEAM, MD

Location: FCI MCKEAN (MCK)

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HAMOT MEDICAL CENTER 201 STATE STREET ERIE, PENNSYLVANIA 169 PHONE: (814) 877-6182 16550-0001

NUEML 03/31/03 DATE:

MED REC NO:

SEX: 06/20/1962 814 362-8900 DOB: Tel#:

\*\*\*\*\*\*\* COOLEEN , TIMOTHY POB 8000 BRADFORD

16701 PΑ

Dear

YHTOMIT

COOLEEN

630152GILMAN STEVEN A Doctor

has ordered the following procedure.

MRI LS-SP W/&WO GAD

RADIOLOGY

( ma

DATE:

05/13/03 12:15 P.M.

TIME:

TEST INSTRUCTIONS:

NO PREPARATION NEEDED FOR THIS TEST.

IF YOU HAVE PREVIOUS FILMS FROM
SOMEWHERE OTHER THAN HAMOT OR
THE IMAGING CENTER, PLEASE BRING THEM
WITH YOU.

## PLEASE REMEMBER TO BRING:

- A written order with a diagnosis from your physician.
- Your insurance cards. To avoid delays or insurance billing penalties, be sure to have met your company regulations before the test.
- A referral or pre-authorization from your HMO, if required by your insurance company.
- This appointment notice.

PRESENT THIS LETTER TO OUTPATIENT REGISTRATION LOCATED ON THE FIRST FLOOR, 30 MINUTES BEFORE YOUR SCHEDULED APPOINTMENT. ENTER THROUGH THE MAIN ENTRANCE ON STATE STREET.

Results of your procedure will be sent to the physician who ordered it. If you have any questions about your test, please call your physiciam. If you need to RESCHEDULE or CANCEL your test, please call our scheduling department at (814) 877-6123.

Sincerely,

The Scheduling Staff

Tests are done by appointment, so please try to be on time. who are late may be delayed or rescheduled.





03/31/03

PLEASE READ THE FOLLOWING INFORMATION:

The MRI unit has a magnetic field surrounding the scanner. If you have any of the following implants, please call the MRI Department at 877-4678:

CARDIAC PACEMAKER

BRAIN ANEURYSM CLIP

EAR SURGERY - INVOLVING IMPLANTS

EYE SURGERY - INVOLVING IMPLANTS (CATARACT IMPLANTS ARE ACCEPTABLE)

HEART VALVE PROSTHESIS

If you are claustrophobic and concerned about the equipment used in this exam, please contact the technologist at 877-4678. We deal with this daily and would be happy to assist you and your concerns. If necessary, your physician can prescribe a sedation to bring with you. If you do bring sedation physician can prescribe a sedation to bring someone along to drive you home.

Also, if you weigh more than 440 lbs., you will need to call the MRI Department. This weight and above exceeds the limit our table is able to accommodate.

Thank You.

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Mi.

H. BEAM, MD

HAMOT MEDICAL CENTER

201 STATE STREET • LRIE, PENNSYLVANIA 16550

#### SENSITIVE amiled Official USO:

Crack David Ma HISTORY PHYSICAL

ADMITTED: 05/13/2009

DATE, OF BIRTHE . 06/20/196.

PATIENT NO 000016213

CHTEP COMPEAINT: Left leg paid

HISTORY OF PRESENT ILENESS: The patient is a 40 year old male, who present to DID Gilman for the above stated complaints. The patient actually hasta past histor, of having had a herniated disc at the LESSI level! He had surgery several years ago and did reasonably well Apparently, however, in March of last year he stated to develop the sudden onset of low back and left leg pain once again By the summer of 200, he was completely missible with pain. The pain he describes is very typical of an 15 additionably with constant amount of pain and numbers down his left leg. If he coughs or sneezes, he gets terrible pain however! He is now finding, the very difficult to sit for very long, and has become very miserable once again with discomfort. He has no bowel of bladdering the last has not had much conservative therapy, but what it the has sought out he has failed.

An MRT of his lumbar spine shows an LA-5 disc herniation, which is very large. The problem is however, is that the MRI was done back in August of 2002, and Dr. Gilman would like an updated study at this time. Surgical intervention, however, has still be sought out. The risks and benefits of a surgical intervention have been discussed and informed consent has been obtained Appropriate questions have been asked and all have been answered to the partent's satisfactory

PAST MEDICAL HISTORY: Is significant for hypertension.
ALLERGIES: Include sulfa drugs.

THE PARTY OF A Addition of the Addition of

MEDICATIONS: At this time include atenolol and hydrochlorethiazide,

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Patient Name   COOLERN TIMOTHY	Dictated By  GRACK ,DAVID	MR NO.  Room   490738   4-S0S41001	bc Date O
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201 STATE STREET . ERIE PENNSYLVANIA 16550 ...

## SENSITIVE

dosage is not known.

PAST SURGICAL HISTORY: Is significant for the above L5-S1 discectomy.

SOCIAL HISTORY: Alcohol consumption none. Tobacco use is none. Special diets hone. Primary care physician none.

FAMILY HISTORY: Noncontributory:

REVIEW OF SYSTEMS: No chest paid of shortness of breath.

PHYSICAL EXAMINATION:

GENERAL: The patient appears to be his above stated age. W 1

HEENT: Normocephalic and atraumatic. Vision and hearing not assessed. Nares are patent. The throat is clear.

NECK: Supple, Trachea is in the midline.

CHEST: Lungs are clear to auscultation.

HEART: Regular rate and rhythm.

ABDOMEN. Soft, nontender. Bowel sounds are auscultated in all quadrants:

CENITORECTAL: Inappropriate to this admission.

EXTREMITIES: Without edema or edema.

NEUROLOGIC: Gait and station are within normal limits. Heel-and-toe is actually carried out without difficulty. The patient has good strength in all of his extremities, and is 5/5. Sensory examination is intact to all modalities with the exception of decreased pin prick along the L5 distribution along the left leg. He has a positive straight leg raising sign on the left side at 20 degrees. The deep tendon reflexes are symmetrical throughout with the exception of a decreased ankle reflex on

I. BEAM, MD CI MCKEAN

Patient Name	Dictated By  GRACK ,DAVID	MR NO. Room  490738 4-SOS13	D::: Date 1001
COOLEEN TIMOTHY Document Number Date Di	ctated Date Transcribed		Page //
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HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

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the right side.

IMPRESSION:
1. Left L5 radiculopathy secondary to a very large L4-5 disc herniation.

PLAN: The patient will be admitted to Hamot Medical Center one day prior to his surgery to receive an updated MRI study of his lumbar spine. He will be tentatively be taken to the OR on 5/14/2003 for likely an L4-5 semi hemilaminotomy and discectomy.

David M. Grack, PA-C

DMG/slm

cc: Steven A. Gilman, MD David M. Grack, PA-C



H. BEAM, MD

	MR NO. Room D ( Date
Dictated By	140073014-505410011
Patient Name GRACK , DAVID	143073014 99932
COOLEEN TIMOTHY GRACK Date Teach	Boribed Type of Report





#### HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

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MOKEAN, MD





## HAMOT MEDICAL CENTER

## 201 STATE STREET • ERIE, PENNSYLVANIA 16550

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PATIENT HISTORY



HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

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SENSITYE Limited Official Use

====END OF REPORT==

COOLEEN ,TIMOTHY GILMAN STEVEN A MR# 490738 PT# SEX: M 40 06/20/1962 16213951 4-S0 \$410-01 ALLERGIES AND REACTIONS:

My .

EAM, MD MCKEAN



201 STATE STREET • ERIE, PENNSYLVANIA 16550

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ADMISSION ASSESSMENT

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### HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

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H. BEAM, MD

#### HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

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ALLERGIES AND REACTIONS:

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PAGE 1 OF 2

0071

## HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16550

Cong

PATIENT: COOLEEN, TIMOTHY

ADDRESS: POB 8000

BRADFORD, PA 16701

AGE: 40Y SEX: M BIRTHDATE: 06/20/1962

ATTENDING DR: GILMAN, STEVEN ORDERING DR: GILMAN, STEVEN

HOSPITAL SVC: NSG ROOM NO: 4-SO S41001

RAD NO: 362093 TECH COMMENTS: MEDICAL RECORD NO: 490738

ORDER NUMBER: 90002 DIAGNOSIS: RADANAPOTHY

REASON FOR EXAM: LUMBAR DISC HERNIATION

ACC#: 2274829 C99 NON-IONIC REASON: PATIENT NO: 16213951

IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS REPORT IS PROHIBITED.

#### \*\*\*Signed\*\*\*

SENSITIVE Limited Official Use

May 13 2003 - MRI LSPINE SPINAL CAN WO/C, W/C & SEQ 90002

RESULT:

LUMBAR MRI:

The study was accomplished in the sagitta and axial plane utilizing standard pulse sequences. I have no previous studies for comparison. Additional imaging was obtained after Gadolinium administration. The cord terminates in the upper lumbar spine at the L1 vertebral body level. The L2-3 disc is normal in contour and signal intensity. At the L3-4 level, there is mild facet arthropathy. I see no evidence of focal posterolateral disc herniation.

At the L4-5 level, there is disc dessication with diffuse bulging and facet arthropathy. There is a focal area of increased signal intensity on T2 weighted sequence which I suspect represents an annular tear.

There is modest facet arthropathy at the lumbosacral junction. There is distortion of the thecalsac on the right. I presume this is postoperative in nature. My index of suspicion for residual or recurrent list herniation is low.

#### IMPRESSION:

SPONDYLOSIS AS NOTED. FACET ARTHROPATHY IS SEEN L3-4, L4-5 AND AT THE L5-S1 LEVEL. I SUSPECT THE PATIENT HAS HAD PREVIOUS SURGICAL INTERVENTION ON THE RIGHT AT THE LUMBOSACRAL JUNCTION. MY INDEX OF SUSPICION FOR RESIDUAL OR RECURRENT DISC HERNIATION IS LOW.

TRANSCRIBED BY: TLN, May 13 2003 3:29P READING RADIOLOGIST: JOSEPH P NEDRESKY

EVIEWED BY:

S. BEAM, MD

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Page 25 of 47



riState Neurological Surgeons

Modern Tool Square Building, Suite 206 333 State Street, Erie, PA 16507 814-459-1013

Brian E. Dalton, M.D.

Diplomat of the

American Board

of Neurobgical Surgeons

Steven A. Gilman, M.D.

Diplomat of the

American Board

of Neurological Surgeons

Daniel V. Loesch, M.D.

Diplomat of the
American Board
of Neurological Surgeons

Isam A. Khoja, M.D.

Board Eligible

American Board

of Neurological Surgeons

May 23, 2003

Dr. Bean Federal Correctional Institution, McKean P.O. Box 5000 Bradford, PA 16701-0930

RE: TIMOTHY COOLEEN

出 10272-055

SENSITIVE Limited Official Use

Dear Dr. Bean:

I wanted to let you know that we did not operate on Timothy Cooleen. When he came into the hospital, we did an MRI scan as we had planned to do the day before. He had not had one in almost a year and I wanted to have new one before we did his surgery. The new MRI scan showed complete resolution of the herniated disc. There was just nothing there. It just naturally healed on its own, as we know can happen. He was still having occasional radiating pairs down his legs but he clearly admits that it was better than it was. I told him that I just can't see operating on somebody who doesn't have a pinched nerve. I'm not sure what I'd exactly be doing. I think he's still feeling it in the nerve occasionally because the nerve has been his pretty hard and it just may act funny from a little bit of focal demyelination that went on from faat but I can't fix that. I just can't ethically offer him surgery for this. I'm glad it's gone away on its own.

This is not however the end of this problem. It must be understood he can get this back mytime. He has had a tear in his annulus of the disc, some of the nucleus has come out, and its removed over time but he has a hole in the disc and he has to be pretty cautious here for awhile orke's going to blow more out. So, I think it's something he's going to have to battle over timeand hopefully it won't happen again but it's not at all to be construed that his problem is generald that he's perfect and that there's nothing wrong with him now. I think we probably ought to see how he's doing in about 3 months and go from there. I'd keep him on light duty stuff, however. If you have any questions, please let me know.

Sincerely,

Steven A. Gilman, M.D. SAG:dtf

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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (FEV. 6 97) Prescribed by GSA1CMR FIRMR (41 CFR) 201-9.202-1

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BP-S148.055 INMATE REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Statement with the Turker of the Control of the Con	And the second s
TO: (Name and Title of Staff Member)  DR Olson	DATE: 7/7/03
FROM: TIMOTHY Cooleen	REGISTER NO.: 10272055
WORK ASSIGNMENT: MEDICALLY UNASSIGNED	UNIT: F
SUBJECT: (Briefly state your question or con Continue on back, if necessary. Your failur taken. If necessary, you will be interviewe request.)	e to be specific may result in no action being
<del>-</del>	my appointment with Dr. Gilman (Neurosurgeon)
was denied/Cancelled by the Utilization	Review Committee . Though a Discectory was
recommended against on May 14th 2003, Dr Gi	man said heroild not rule out a Fragment or
other complications such as adhesions to mu	spinal cord, resulting from the delay in
necessary treatment. This 3 month perial	until my appt. of Avgust 20, 2003 was to
Chart the kel and types of pain I am s	itill enduring 50 a proper course of tract
mont could be determined. He reiterated	the fact that surgery may still be nec-
essary. This demal of prescribed follow	o-up appointment is clearly and delibera
indifferent to a Serious medical need	. My injury, and current state of cont
Dains remains a threat to my titure	health mobility and employability.
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Review Committee Who took part in The be filed. THANK YOU, JEMOSE ANGELLES	below this line)
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Signature Staff Member ;

Date 7/8/03

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BP-S148.055 INMATE REC ST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

This form monlaces DD-142 877 it . . 1 Oct 86

The state of the s	THE SON S
TO: (Name and Title of Staff Member)  DR. DISOA	DATE: 7/9/03
FROM: TIMOTHY COOLEEN	REGISTER NO.: 10272QS5
WORK ASSIGNMENT: Medically Unassigned	UNIT: F
SUBJECT: (Briefly state your question or concounting on back, if necessary. Your failure	ern and the solution you are requesting.  to be specific may result in no action being in order to successfully respond to your
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Gilman.	
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	AUTHORIZED FOR LOCAL REPRODUCTION
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BP-S354.060 INTAKE SCREENING

CDFRM



NOV 94 U.S. DEPARTMENT	r of Justice		SERVICE AND POPULATION OF THE	ERAL BUREAU OF PRISONS
(Medical staff Institution)	shall complete	this scre	eening form on	all arrivals to the
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COOLED,	MEDIC	CAL	LEARANC	
1 BP-149(60)	reviewed? A yes	; 🛘 no (E	xplain)	

- 2. General Population Housing Approved? M yes; I no (Specify limitation or need)
- 3. Approved for Temporary Work Assignment? A yes; I no (Specify limitations or exclusions)
- 4. For Holdovers: OK for Continued Transport? 首 yes; 口 no (Explain)

## SENSITIVE Limited Official Use

(If yes, enter code(s) into MDS) 5. Disabilities?

6. Remarks:

Time Date Medical Staff Signature 1300 09/11/03 Paul Clemens, PA-C

Medical Staff Title

BP-S354.060 INTAKE SCREENING (MEDICAL) COFRM	
NOV 94 U.S. DEPARTMENT OF JUSTICE	FEDERAL BUREAU OF PRISONS
(Medical staff shall complete this screening Institution)	form on all arrivals to the
Institution Date of Arriva 9-15-03	Time of Arrival
Regis	ster Number 10272-055
MEDICAL CLE	ARANCE
1. BP-149(60) reviewed? ☐ yes; ☐ no (Explai	n)
2. General Population Housing Approved Dy need)	es;   no (Specify limitation or
3. Approved for Temporary Work Assignment? or exclusions)	
SEN	ort? (D. yes; D no (Explain) ISITIVE Official Use
5. Disabilities? Dayes no (If yes, e	enter code(s) into MDS)
6. Remarks:	
Medical Staff Signature Da	te Time
Medical Staff Title F.ORT	IZ, IMG

Record Copy - Inmate Central File; copy - file
(This form may be replicated via UP)

(0) of APRIL 1990 Replaces & and Br -35% 3 1994

Limited Official Use MEDICAL HISTON FPORT

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7.	HA	VE '	YOU EV	ER (Pléase chéck each item)	<u>.                                    </u>				YES			(Check each item)					
YE	S N	io		· · · · · · · · · · · · · · · _ · · _ · · _ · _ · _ · · _ · · _ · · _ · · _ ·	ck ea	h it	em)			7	Wear gla	isses or contact lenses					
Г				ith anyone who had tuberculosis					×			sion in both eyes					
		'n	Coughe	i up blood	-1					×		hearing aid					
	$\perp$			essively after injury or tooth extrac	non					×	Stutter o	r stafniner habimally					
				ed suiçide.				<u> </u>		×	Wear a	brace or back support					
		<u> </u>	Been a	sleepwalker VER HAD OR HAVE YOU NOW	Plen	اء م	heck at le	eft of each item)	<del>-</del>								
9	. H.			VER HAD OR HAVE 100 NOW	17 1512	, , , , , , , , , , , , , , , , , , ,	DON'T	(Check each item)	YES	NO	DON'T KNOW	(Check each item)					
Y1	ES   1	NO				YES NO DON'T		(Cueck such trent)			KNOW	Epilepsy or fits					
-	十		×	Scarlet fever Scarlet	X			Adverse reaction to serum drug	<del> </del>	X		Car, train, sea or air sickness					
	$\dashv$		*	Rheumatic fever			-	or medicine SULFA DRUG	┼	文		Frequent trouble sleeping					
Γ	1	×		Swollen or painful joints	×		ļ	Broken bones	╁─	X	-	Depression of excessive worry					
		X		Frequent or severe headache		<u>×</u>		Tumor, growth, cyst, cancer	-	X		Loss of memory or amnesia					
		×		Dizziness or fainting spells		X	<del> </del> -	Rupture/hernia Piles or rectal disease	$\vdash$	X		Nervous minible of any sort					
		×		Eye trouble		X	<del> </del>	Frequent or painful urination	╁╌─	×		Periods of miconsciousness					
L		×		Ear, nose, or throat trouble	-	×	<del> </del>	Bed wenting since age 12	† –			Have you ever had					
		×	<u></u>	Hearing loss	<u> </u>	×	<del> </del>	Kidney stone or blood in urine	┨	×	1	homosexual contact?					
		ᆺ		Chronic or frequent colds	-	X		Sugar or albumin in urine	1	K	† — ·	Been exposed to AIDS					
		×		Severe tooth or gum trouble	-	X	+	VD-Syphilis, gonorrhea, etc.	1	×	1	Alcohol Use (Excessive)					
-		×	ļ	Sinusitis	-	<del>\</del>	<del> </del>	Recent gain or loss of weight	1	X		Drug Use: Assaction					
-	_}	<u>×</u>	ļ	Hay Fever	┢	X	_	Arthritis, Rheumatism, or Bursitis		X		Mariju <b>an</b> a					
-		Х	<del> </del>	Head injury	<del>                                     </del>	X		Bone, joint or other deformity		16	]	Cocaine					
-		X	<b>⊹</b>	Skin diseases  Thyroid trouble	)×	1	-	Lameness 2: 1 + LEG 20%		۲	<u> </u>	Heroin					
- }-		×	<del> </del>	Tuberculosis		×		Loss of finger or toe		1		L.S.D.					
-		X	<del></del>	Asthma	†	1	-	Painful or "Trick"shoulder or elboy	<u> </u>	16	<u> </u>	Ampheta <del>mins</del>					
-		X	-		×	1		Recurrent back pain		<u> </u>		Others: (Specify)					
}		X	<del> </del>	Pain or pressure in chest		"Trick" or locked knee	_ _		<u> </u>								
}		×	+		1			Froi trouble Rt Numb	_	X	. ]	Alcohol or dang					
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	Week or low blood pressure										1						
4	<u>, y</u>	┼—		Cramps in your legs	1	Ţ			10	FEN	IALES O	NLY HAVE WE EVER					
4	<u> </u>	×	-	Frequent indigestion	$\Gamma$	İ						Been trezen fin a tentale asserter					
		<del>^</del>		Stomach, liver, or intestinal trouble	:				<u> </u>	-		Had a charge to menstrial pattern					
ì		^		Gall bladder trouble or gallstones	I					+	-	ARE YES PREGNANT					
		+-	<del></del>	<del></del>	!	1 -	ì	į.	- 1	1	i	SUSPECTIME ARE PREGNANT					





			C 141	וכד ם	E FULLY EXPLAINED IN BLANK SPACE BELOW
		CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YE	VEC	NO	
ES	NO	13. Have you been refused employment or been unable to hold a	11,23	K	18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	X	A. Sensitivity to chemicals, dust, sumight, etc.			19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other
	X	B. Inability to perform certain motions.			than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) DISC 1999
	X	C. Inability to assume certain positions.  D. Other medical reasons (If yes, give reasons.)	^	_	20. Have you ever been rejected for military service because of
_	X	14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details).		メ	physical, mental, or other reason? (If yes, give date, and reason, for rejections.)
	X	15. Have you ever been denied life insurance? (If yes, state reason		×	21. Have you ever been discharged from military service because of physical, mental, or other reasons? If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)
¥		16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.) 321.19	<del> </del>	×	22. Have you ever received, is there pending, or have you applied
×		17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) before years 14018 3-99 Survey			specify what kind, granted by whom, and what amount, when, why.)

EXPLANATION: (#)3-22 ABOVE)

	and complete to the best of my knowledge. I authorize my of the
I certify that I have reviewed the foregoing information supplied by me and that it is true doctors, hospitals, or clinics mentioned above to furnish the Government a complete trans	signature — A A A
TYPED OR PRINTED NAME OF EXAMINEE	The more of Coller-
INTAKE SCREENING:	THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL?
INMATE RECEIVED FROM: COURT	DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL
MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, DIRECT YOUR ANSWERS TO MENTAL OR CONSCIOUSNESS, RASHES,	STAFF YES NO WHAT ARRANGEMENTS HAVE BEEN MADE
APPEARANCE, CONDUCT, STATE OR CONSCIOUS BODY DEFORM-	
ITIES, ETC. NOTE OBSERVATIONS IN BLOCK 25	DUTY STATUS: TEMPORARY WORK RESTRICTED  GENERAL POPULATION YES NO
IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE	TYPE AND EXTENT OF LIMITATION
23. Physician's summary and elaboration of all pertinent data (Physician shall comment any additional medical history he deems important, and record any significant finding	on all positive answers in item 6 through 22. Physician mag develop by interview ings here.
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B Clearance Yes		Name /	. //	Prisoner/Ali	en	B.028 102	
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2. CXR Completed:Date		Destination.	0	Reason for T	ransfer	Udrea	11
Results:		Dist. Name		Dist.#		Date in Cus	tody
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Date	0113	Current 1.	1) N				<del></del>
51gn		Medical 2.4	OHN!				<del>-</del> -
Note: Dates listed above must one year of this transf	be within	Problems 3					<del>-</del>
		Instructions For U	se (Incl	ide proper tim	ne for ad	ministering)	St
Medication Dose		Medication Require					
	•	pre pille		÷ <b>)</b>			<u> </u>
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Additional Commen	its - Bloo	d and Body Fluid F	recautio		mitea C	official Use	i 
	-ting Tro	nsportation					
Special Needs Affa	cally able	to travel by BOS	, VAN _	Yes No	If no,	why not?	· ·
or CAR?  Is prisoner medi				Yes No	If no,	why not?	
airplane?		- stay ayerniga	t at _	Yes No.	If no,	why tot?	
another racilly	GI: Z			ies No	If yes,	state censo	) F)
length of time F	<u> </u>	on for restricting an be in travel st		ilo	If yes,	what similar	want P
Dies prisoner re	equire any ort status	medical equipment ?					

## NEW ARRIVAL MEDICAL RECORD SCREENING

INMATENAME: (Meen Timo	thy REG. NO. 102772-055
Medical Duty Status:	Clinics: (check next due date)
Learning Disability Deaf Blind Allergic to Wool No Sports/No Weight Lifting No Excess Cold/Wind Glasses Required for Driving Hear Restr/Hear Loss Hgt Restr No Excess Sun Lower Bunk Required No Driving-Medical Condition No Duty Due to Medical Condition No Food Service Pollution Free Area Not Medically Cleared Orthopedic Shoes	Diabetic General Infectious Disease Mental Health Endo/Lipid Gastro  Disabilities: (note disability and any necessary accommodations)
Regular Duty-No Restrictions  Put Begular Duty with Restrictions Soft Shoes Special Diet-Medical Condition No Prolonged Standing No Lifting Over 15 lb.	PPD STATUS:  Date of Last PPD 419103  Last PPD Result O mm  If Positive PPD:
No Lifting Over 20 lb. No Lifting Over 25 lb. Cleared for Food Service Smoke Free Wheelchair	Dute of Last CXR: TB Prophy Code: TB Prophy Dates: (May be by ha or n/a)  Psychotropic Medication Consent
Practitioner's Initials:	Today's Date:
	Director's Signature  Limited Official Use

FCI SCHUYLKILL P O BOX 700 MINERSVILLE, PA 17954

CURRENT STATUS (PER SENTRY) ARE HIGHLIGHTED PLEASE REVIEW CHART FOR APPROVAL OR CHANGES

## GOOD SAMARITAN REGIONAL MEDICAL CENTER

700 EAST NORWEGIAN STREET POTITSVILLE PA 17901

## RADIOLOGY REPORT

SENSITIVE

100.70=0555 NAME: TIMOTHY GOOLEEN: ADDRESS FOIS CHUMIKILL

MR#: M209258 RM:#/ Limited Official Use. DOB: 06/20/1962

pas 03/17/04

MINERSVILLE PA 17954 ATTENDING DOCTOR CHAW, TO'A G'M.D. ORDERINGIDOCTOR! CHAW. TOA G M.D. DICTATING DOCTOR PERUN STEVEN MED PATIENT HISTORY LOW BACK PAIN

ACCOUNT #: V00006925424 PT: LOCATION: MRI

PROCEDURE LUMBARMRI WITHOUT WITH

CPT:72158

MRIC LUMBOSACRAL SPINE WITHOUT AND WITH CONTRAST

INDECATIONS Back pain raduating to both legs. Previous L5.S1 Surger according to realization

PROCEDURE: 4 mm T1 and FSE T2 weighted sagittal images: 4 mm stacked); b axial T1 and FSE T2 Weighted images from L2 3 through L5 : Si Patient then received intravenous Omniscan and repeat T1 sagittal and axial images robusined

FINDINGS: No plain films are available to establish vertebral body count for the purposes of this examination, there are presumed to berilve non-rib bearing limbar vertebral bodies with the lowest mobile interspace labeled

No disk hermiation or bulging on sagittal imaging only at T12 - L1 and L1 2 - Normal disk hydration. There is normal disk hydration at 12 - 3 and L3 2 4 Without focal disk hermiation or significant bulging. No spinal of foraminal stends: There is moderate desiccation at L4 - 5 with mild-bulging. There is mild enhancement along the posterior disk margin bulging. There is mild enhancement along the posterior disk margin bost contrast but no impingement upon the cales of nerve roots: No foraminal marrowing is identified. There is considerable loss of disk neighbors and signal intensity at L5 - S1 consistent with desiccation. There height and signal intensity at L5 - S1 consistent with desiccation. There is mild disk building without significant mass effect upon the thecal sac. There appears to be mild epidural fibrosis within the left foramen. The right foramen is patent. Note is made of a conjoined right \$1 - 2 nerve clamen is patent. Note is made of a conjoined right S1 - 2 ner roof. There is some facette hypertrophy at L5-S1. Conus medullaris appears intact. Small Schmorl's node in the inferior end-plate of L5. Bone signal intensities show no abnormalities.

MPRESSION MIND enhancement along the posterior disk margin at L4 - 5. No impingement upon neural structures. Mild epidural fibrosis in the left No evidence of recurrent disk L5-S1 foramen. Conjoined right S1 - 2 roots AUSSELL S. MEMUERSHOT JA.D. herniation noted.

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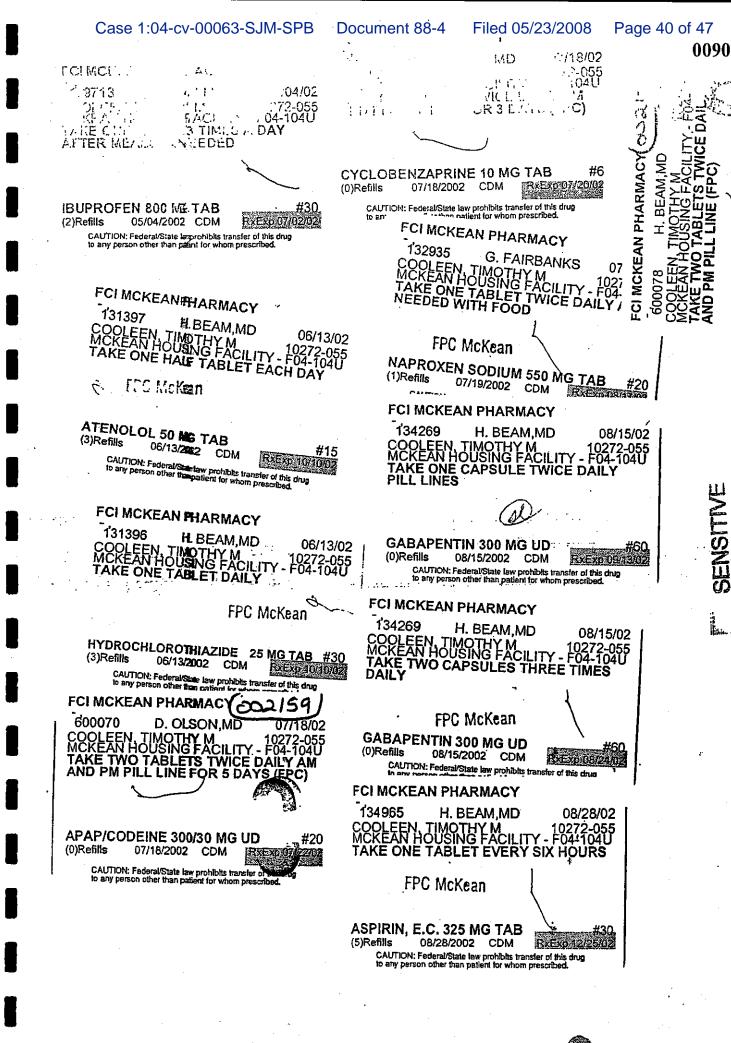
0089

Report Status: Signed:

TGC : CRAWITOA GIMLD: PERLIN M.D. STEVEND

SENSITIVE Lined Official Use

PUSSEU C. HENDERSHIT, VID MIS.



Limited Official Use

APAP/CODEINE 3d0/30 MG UD, (0)Refilis 08/28/2002 CDM RX

FCI MCKEAN PHARMACY

-114402 J. GOMEZ-LEO 04/19/u i COOLEEN, TIMOTHY M. 10272-055 MCKEAN HOUSING FACILITY - F04-104U TAKE ONE HALF TABLET EACH DAY

METOPROLOL 50 MG TAB (2)Refills 04/19/2001 CLO RXEXX0.54800 FCI MCKEAN PHARMACY

114403 J. GOMEZ-LEO 04/19/00 COOLEEN TIMOTHY M MCKEAN HOUSING FACILITY - F04-104-U TAKE ONE HALF TABLET EACH DAY

HYDROCHLOROTHIAZIDE 50 MG TAB #5 (2)Refile 04/19/2001 CLO RXEXP.05 12/91

FCI MCKEAN PHÁRMACY.

114908 J. GOMEZ-LEO 05/02/01 COOLEEN TIMOTHY ME 10272-055 MCKEAN HOUSING FACILITY - F04-104U TAKE ONE HALF TABLET EACH DAY

METOPROLOL 50 MG TAB (8)Refills 05/04/2001 CLO

FCI MCKEAN PHARMACY

114909 J. GOMÉŽ-LEO 05/04/01 COOLEEN, TIMOTHY M 10272-055 MCKEAN HOUSING FACILITY - F04-104U TAKE ONE HALF TABLET EACH DAY

HYDROCHLOROTHIAZIDE 50 MG TAB #5 (8)Refills 05/04/2001 CLO REPOSITION

FCI MCKEAN PHARMACY

118239 D. OLSON 08/03/0 COOLEEN, TIMOTHY M 10272-05 MCKEAN HOUSING FACILITY - F04-104 TAKE ONE HALF TABLET EACH DAY

ATENOLOL 50 MG TAB
(8)Refills 08/03/2001 DA

RXExp 19/

CAUTION: Federal State law prohibits transfer of this drug to any person other than patient for whom prescribed.

SENSITIVE

0091

FCI MCKEAN PHARMACY Limited Official Use

118240 D. OLSON 08/03/01 COOLEEN, TIMOTHY M 102723056 MCKEAN HOUSING FACILITY: F04:104U TAKE ONE HALF TABLET EACH DAY

HYDROCHLOROTHIAZIDE 50 MG TAB: #5. (8)Refilis : 08/03/2001 DAO RESECTION 100

FCI MCKEAN PHARMACY

ATENOLOL 50 MG TAB (2)Rahija : 21/02/2001 DAO RAESED

FCI MCKEAN PHARMAGY

121831. D. OLSON. 11/02/01 COLEEN-TIMOTHYM 10272-055 MCKEAN-HOUSING FACILITY - F04-104U TAKE ONE HALF TABLET EACH DAY

HYDROCHLOROTHIAZIDE—50-MG TAB #15 (2)Refills 11/02/2001 DAO REEXED 1/30/02

FCI MCKEAN PHARMACY

127532 H. BEÁM,MD 03/15/02 COOLEEN, TIMOTHY M 10272-055 MCKEAN HOUSING FACILITY - F04-104U TAKE ONE HALF TABLET EACH DAY

ATÉNOLOL 50 MG TAB (2)Refils 03/15/2002 CDM II

#1 |PXEXD-06/12/0

CAUTION: Federal/State law prohibits transfer of this drug

FCI MCKEAN PHARMACY

127533 H. BEAM,MD 03/15/02 COOLEEN, TIMOTHY M 10272-055 MCKEAN HOUSING FACILITY - F04-104U TAKE ONE TABLET DAILY

HYDROCHLOROTHIAZIDE 25 MG TAB #30 (2)Refilis 03/15/2002 CDM REEXEDE/12/02

CAUTION: Federal-State law prohibits transfer of this drug to any person other than patient for whom prescribed. PENICILLIN VK 250 MG TA
PENICILLIN VK 250 MG TA

04/19/2002 CDM

(0)Refills

CAUTION: Federal/State law prohibits to
CAUTION: Federal/State law patient for with

FPC Makean

H. BEAM.MD
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H. BEAM.MD
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CKEAN HOUSING FACILITY - FOR
CKEAN HOUSING FACILITY - FOR
AKE ONE TABLET FOUR TIMES D
AKE ONE TABLET





## SENSITIVE Limited Official Use

#### FCI MCKEAN PHARMACY

600080 H. BEAM, MD 09/95/02 COOLEEN, TIMOTHY M

10272-055
MCKEAN HOUSING FACILITY - F04-104U
TAKE TWO TABLETS TWICE DAILY

302N3

ACETAMINOPHEN AND CODEINE 300/30 TAB (0)Refills 09/05/2002 CDM

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

16701 09/26/02

FPC McKean

HYDROCHLOROTHIAZ DE 25 MG JAB (2) Refile TION: Pederal State Taw providing transfer of this drag 24/02 to any person other than patient for whom prescribed.

(814) 362-8900 A 16701 09/26/02 COOLEEN, TIMOTHY M MCKEAN HOUSING FACILITY - F TAKE ONE TABLET EACH DAY

FPC McKean

ATENOLOL 25 MG TAB

(2) Refills no. : POP/26/2002

(2) Refills no. : Pop/26/2002

to any person other than patient for whom prescribed.

814) 362-8900 A 16701 09/26/02 EEN, TIMOTHY M AN HOUSING FACILITY - F04-104U TAKE TWO TABLETS EVERY SIX HOURS

FPC McKean

ASPÍRIN, E.C. 325 MG 0090

(5) Reflig TION: Pede au State an provious transfer of this dud to any person other than patient for whom prescribed.

COOLEEN, TIMOTHY M 10272-055 MCKEAN HOUSING FACILITY - F04-104U TAKE ONE TABLET DAILY

HYDROCHLOROTHIAZIDE 25 MG efills 06/27/2003 VG FXEXD 05 CAUTION: Federal/State law prolibits transfer of this drug on the person other than patient for whom prescribed. (2)Refills

FCI MCKEAN PHARMACY PO BOX 5000 - BRADEORD, PA 16701 150597 H. BEAM, MD 06/27/03 COOLEEN TIMOTHY M. 10272-055 MCKEAN HOUSING FACILITY - F04-104U TAKE ONE TABLET EACH DAY

ATENOLOL 25 MG TAB

(2)Refills 06/27/2003

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

COOLEEN, TIMOTHY M Ord.Date 10272-055 09/09/03

D. OLSON (D)Refills

TAKE 1 TABLET DAILY AT 7 AM.

Rx# ATENOLOL 25 MG TAB 154696

D. OLSON COOLEEN, TIMOTHY M (0)Refills 10272-055

Ord.Date 09/09/03 TAKE 1 TABLET DAILY AT 7 AM.

Px# 154697

141448

HYDROCHLOROTHIAZIDE 25 MG TAB H. EAM,MD

COOLEEN, TIMOTHY M Ord.Date

@Refills 10272-055 TAKE ONE TABLET EACH DAY 01/09/03

ATENOLOL 25 MG TAB 141449

Ord.Date COOLEEN, TIMOTHY M 10272-055 01/09/03 TAKE ONE TABLET DAIL Exp.Date

H. BEAMPED (2)Reft =

#30

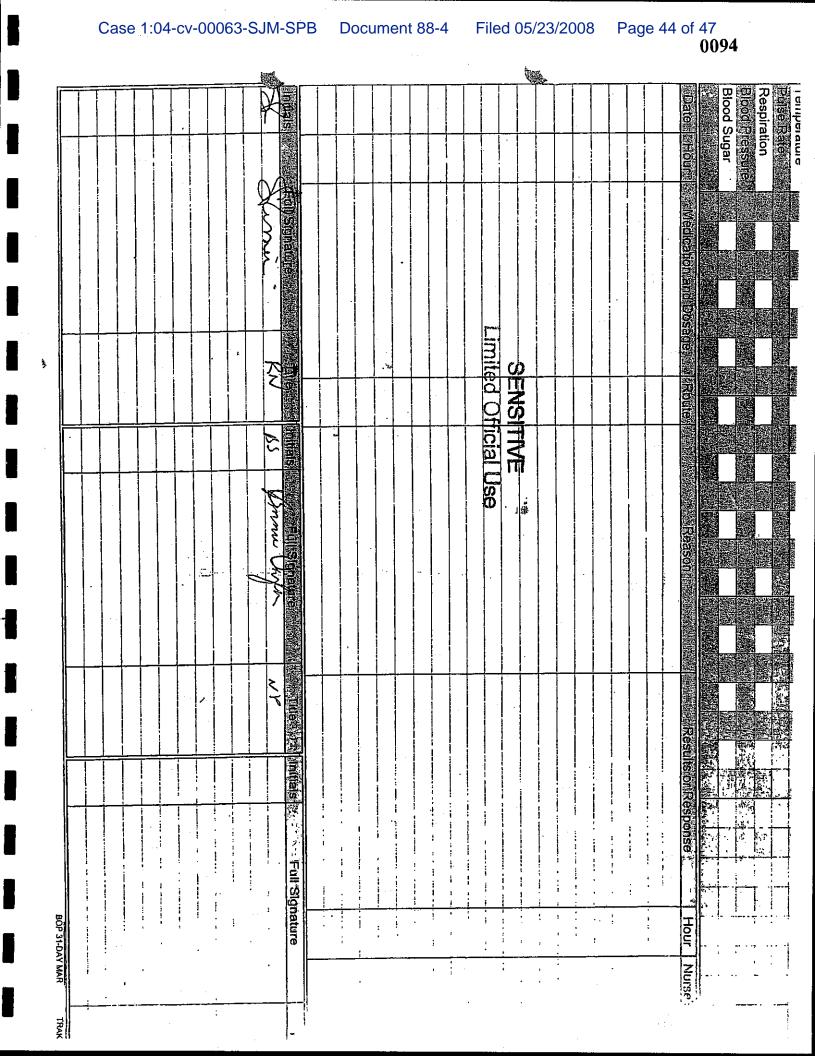
Rx#

HYDROCHLOROTHIAZIDE 25 MG TAB \$30 H. BEAVERY COOLEEN, TIMOTHY M (5)Refte

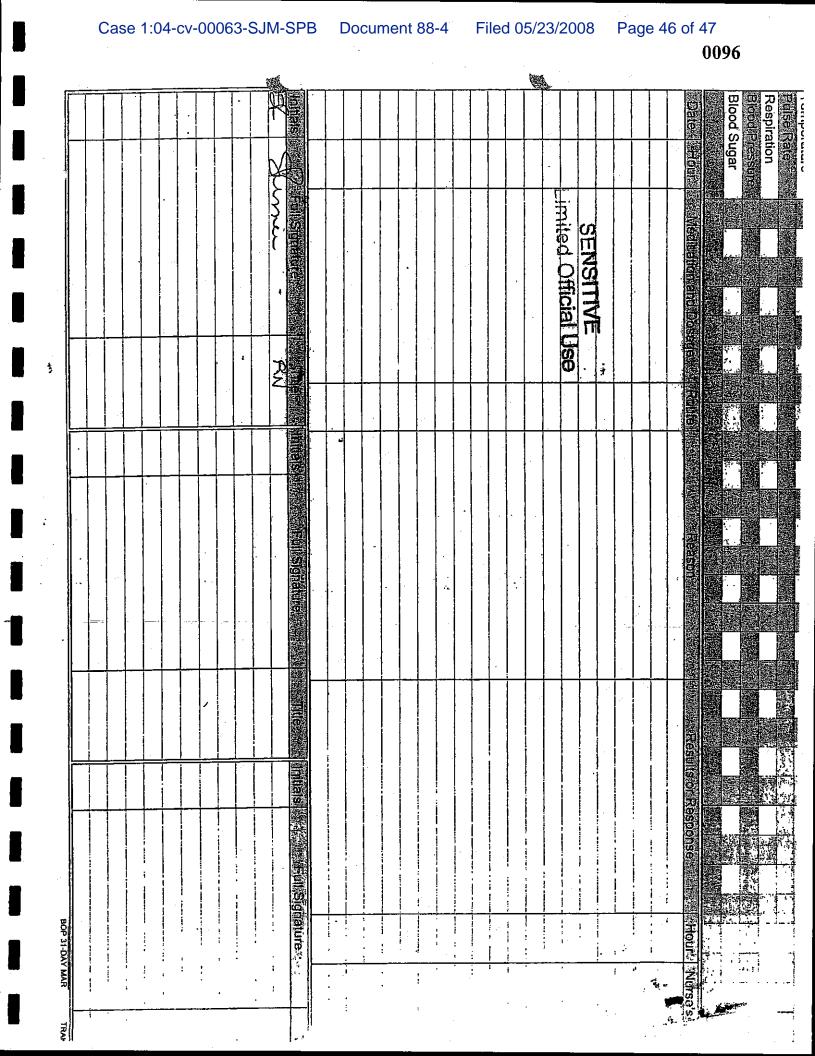
TAKE TWO TABLETS EVERY SIX HOURS Ord.Date 01/09/03 AS NEEDED (CC);

ASPIRIN, E.C. 325 MG TAB 141447

	Case 1:04-cv-00063-SJM-SPB							Document 88-4					Filed 05/23/2	2008	Page 43 of 47 <b>0093</b>					
- -	DOB:	Toolime.	HX.	Exp. Date	Order Date	AX #	Exp. Date	Order Date	RX#	Exp. Date	Order Date	HX #	Exp. Date	Order Date	Forder Date	PX#		Rx# 600080		Facility:
		ntation Codes:							Ž,						SENSITIVE Imited Official Use			TAKE TWO TABLETS TWICE DA	Prescriptions conteen, impire m r. berm, 10272-055 (0)Refils	
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